

STANLEY
URBAN DISTRICT COUNCIL
(Yorks.)

REPORT

of the

Medical Officer of Health

A. L. TAYLOR, M.D., D.P.H.

and the

Sanitary Inspector

D. WALKER, A.R.S.I., M.S.I.A.

For the Year 1950

WAKEFIELD :

W. H. MILNES LTD., 16 WOOD STREET



Stanley (Yorks.) Urban District Council



ANNUAL REPORT

For the Year ended 31st December, 1950

To the Stanley Urban District Council.

GENTLEMEN,

I have the honour to present my Report for the year ended 31st December, 1950, on the Health and Sanitary Circumstances of your area.

Area : 5,169 acres.

Census figures, 1931 : 15,885.

Registrar General's Estimate for 1950 : 16,630.

Number of inhabited houses 1950, according to rate book, 5,004.

Rateable Value, Year commencing 1-4-50 : £68,513.

Net product of a penny rate, Year commencing 1-4-50 : £242.

Statistics
and Social
Conditions
of the Area

The Urban District of Stanley is bounded on the South side by the City of Wakefield, on the North by the Urban District of Rothwell, on the West by the Boroughs of Morley and Ossett, and on the East by the Urban Districts of Rothwell and Normanton and the Rural District of Wakefield.

Once again this year, I intend to give some account of the Health Services which are carried out in the District under the administrative control of the West Riding County Council under their scheme for Divisional administration of the preventive medical services. I feel that the fullest possible knowledge of the way the Health Service is working is of great advantage to the members of the Urban District Council.

The Birth Rate, at 17 per thousand, was maintained at a reasonably high level. A fall has been experienced throughout the Country. The factors causing this are similar to those which obtained after the 1914-18 War. Another factor which I feel is not without significance is the difficulty experienced by young married people in obtaining suitable housing accommodation. Thus, those with a sense of responsibility must hesitate to bring into the world children for whom they cannot make adequate domestic provision. This problem is extremely difficult of solution.

I am sorry to have to record a rise in the Infantile Mortality Rate. This stands at 53 for 1950 and is higher than that for the Country as a whole. It is particularly disappointing to note that of the 15 deaths which occurred in children under one year of age, 5 were from Pneumonia, 2 from accidental suffocation and 3 from cerebral haemorrhage. One feels that many of these deaths might be considered preventable, particularly the ones due to respiratory diseases. Bad housing is still a factor in predisposing to the onset of pneumonia and it is an unfortunate fact that many children are born into over-crowded and damp homes which must inevitably predispose to this type of illness.

It is pleasing to note that no death occurred associated with pregnancy or childbirth, during the year.

The Death Rate at 11.4 per thousand population, compares favourably with other areas and with the Country as a whole. Again, the vast majority of deaths occurred in the older age groups. Deaths from Tuberculosis totalled 2, which is a considerable improvement on 1949 and gives a death rate of 0.12. This is a good deal lower than the rate for the rest of the County. I will comment on Tuberculosis more fully later in the Report.

Very little improvement in the housing position has taken place. We are still in the unfortunate position that demand is outstripping supply. The comments of previous years still hold good and under present circumstances it is useless to point out once again the well known facts which apply in the Stanley area as they do throughout the Country. Every effort is being made to build new houses and the programme is only limited by factors which apply nationally. It is not possible or practicable to represent Clearance Areas, and the practice of representing individual houses under Section 11 has still to be followed.

No serious outbreak of epidemic disease occurred during 1950.

Finally, I should like once again to thank Mr. Blakey and the Staff of the Health Department for their help and co-operation. Mr. Blakey, on his appointment as Clerk of the Council, was succeeded in his position as Senior Sanitary Inspector by Mr. Donald Walker. Mr. Walker is, of course, well known to me, and I look forward to the same friendly co-operation which I have always, in the past, enjoyed with his predecessor. I should like to extend to him my best wishes on his new appointment.

Once more, to the Chairman and Members of the Council may I say "Thank You" for the readiness with which they have always listened to, and accepted, any advice which I have felt it necessary to give.

I beg to remain, Gentlemen,

Your obedient Servant,

A. L. TAYLOR.

SECTION A.

Vital Statistics in 1950—Stanley Urban District.

				M.	F.	Total
Live Births	Live Births—Legitimate	...	...	147	125	272
	Illegitimate	...	...	8	3	11
	Total		..	155	128	283
				M.	F.	Total
Still Births	Still Births—Legitimate	...	...	2	2	4
	Illegitimate	...	...	—	—	—
	Total		.	2	2	4

Birth Rate Birth rate (live and still) per 1,000 of the estimated resident population : 17·0.

						M.	F.	Total
Deaths	Deaths	...	...	...	...	91	99	190

Death rate per 1,000 of the estimated resident population : 11·4.

	Deaths.	Rate per 1,000 total (live and still) Births.
Maternal Mortality	... .. 0	0·0
Death rate of Infants under 1 year :—		
All Infants per 1,000 live births	...	53
Legitimate Infants per 1,000 legitimate live births	55·1
Illegitimate Infants per 1,000 illegitimate live births	0·0
Deaths from Diarrhoea (under 2 years of age) :		
Rate per 1,000 population	0·06
Rate per 1,000 live births	3·5
Deaths from Measles (all ages)	0
Deaths from Whooping Cough (all ages)	0
Deaths from Cancer (all ages)	27

Record of Deaths in Age Groups, 1950.

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1 year	..	9	6	15
5—10 years	... ..	—	—	—
10—15	„	1	—	1
15—20	„	—	—	—
20—25	„	2	—	2
25—35	„	2	1	3
35—45	„	2	2	4
45—55	„	9	10	19
55—65	„	9	20	29
65—70	„	15	9	24
70—75	„	18	16	34
75—80	„	12	15	27
80—85	„	9	9	18
85—90	„	3	8	11
90 years and over	...	—	3	3
Totals	...	91	99	190

Infantile Death Rates for the past 26 years.

1925	...	...	103·0	1938	...	...	69·5
1926	...	...	98·3	1939	...	...	42·9
1927	...	...	67·3	1940	...	...	79·29
1928	...	...	81·1	1941	...	...	37·8
1929	...	...	62·3	1942	...	...	47·6
1930	...	...	65·8	1943	...	...	54·2
1931	...	...	60·2	1944	...	...	50·2
1932	...	...	84·5	1945	...	...	45·0
1933	...	...	56·1	1946	...	...	31·74
1934	...	...	85·0	1947	...	...	53·07
1935	...	...	30·1	1948	...	...	32·26
1936	...	...	34·7	1949	...	...	25·27
1937	...	...	29·4	1950	...	...	53·0

INFANTILE MORTALITY IN 1950.

Net deaths from stated causes under One year of Age.

CAUSES OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Pneumonia	1	—	—	1	2	1	—	2	—	5
Sub-arachnoid haemorrhage and gastro-enteritis ..	—	—	1	—	1	—	—	—	—	1
Cerebral haemorrhage ..	3	—	—	—	3	—	—	—	—	3
Meningo Myelocoele ..	—	1	—	—	1	—	—	—	—	1
Asphyxia from bed-clothes when in bed P.M.	—	—	—	—	—	1	—	—	—	1
Prematurity	1	—	1	—	2	—	—	—	—	2
Asphyxia after vomiting ..	—	—	—	—	—	1	—	—	—	1
Congenital haemolytic jaundice	—	—	—	—	—	1	—	—	—	1
Totals ..	5	1	2	1	9	4	—	2	—	15

The number of infantile deaths, i.e., deaths of infants under one year of age, during 1950 was 15.

The Neo-Natal Mortality Rate (the mortality rate during the first month of life) for 1950 was 31·8 per 1000 registered live births.

Comparison with previous years is offered in the table below :—

1932	...	...	32·9	1941	...	...	21·1
1933	...	...	20·4	1942	...	...	29·3
1934	...	...	45·0	1943	...	...	33·9
1935	...	...	21·1	1944	...	...	35·5
1936	...	...	17·4	1945	...	...	30·0
1937	...	...	24·5	1946	...	...	15·8
1938	...	...	30·4	1194	...	...	19·5
1939	...	...	55·0	1948	...	...	12·9
1940	...	...	52·8	1949	...	...	7·2
				1950	...	...	31·8

Inquests.

8 inquests and 9 post-mortem examinations were held in the district during the year.

Causes of Death in the Stanley Urban District, 1950.

CAUSES OF DEATH					MALES.	FEMALES.
All Causes					91	99
1.	Tuberculosis, respiratory	..	..	..	1	..
2.	Tuberculosis, other	..	..	..	1	..
3.	Syphilitic disease	..	..	..	..	..
4.	Diphtheria	..	..	..	..	..
5.	Whooping Cough	..	..	..	..	..
6.	Meningococcal infections	..	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..	1
8.	Measles	..	..	..	..	..
9.	Other infective and parasite diseases	..	..	..	..	..
10.	Malignant neoplasm. Stomach	..	..	..	3	3
11.	Malignant neoplasm. Lung, bronchus	..	..	..	2	1
12.	Malignant neoplasm. Breast	..	..	..	..	2
13.	Malignant neoplasm. Uterus	..	..	..	..	1
14.	Other malignant and lymphatic neoplasms	..	..	..	6	9
15.	Leukaemia, aleukaemia	..	..	..	1	..
16.	Diabetes	..	..	..	2	1
17.	Vascular lesions of nervous system	..	..	..	8	18
18.	Coronary disease, angina	..	..	..	6	12
19.	Hypertension, with heart disease	..	..	..	..	3
20.	Other heart disease	..	..	..	20	25
21.	Other circulatory disease	..	..	..	1	..
22.	Influenza	..	..	..	..	1
23.	Pneumonia	..	..	..	6	3
24.	Bronchitis	..	..	..	8	3
25.	Other diseases of the respiratory system	..	..	..	1	..
26.	Ulcer of stomach and duodenum	..	..	..	2	..
27.	Gastritis, enteritis and diarrhoea	..	..	..	..	1
28.	Nephritis and nephrosis	..	..	..	1	1
29.	Hyperplasia of prostate	..	..	..	1	..
30.	Pregnancy, childbirth and abortion	..	..	..	..	..
31.	Congenital malformations	..	..	..	..	1
32.	Other defined and ill-defined diseases	..	..	..	11	9
33.	Motor vehicle accidents	..	..	..	3	1
34.	All other accidents	..	..	..	5	3
35.	Suicide	..	..	..	2	..
36.	Homicide and operations of war	..	..	..	..	..
Live Births.	Total	..	..	..	155	128
	Legitimate	..	..	..	147	125
	Illegitimate	..	..	..	8	3
Still-Births.	Total	..	..	..	2	2
	Legitimate	..	..	..	2	2
	Illegitimate	..	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	..	9	6
	Legitimate	..	..	..	9	6
	Illegitimate	..	..	..	..	..
Population					16,630	
Comparability Factors :—						
Births					0.99	
Deaths					1.12	

Principal Vital Statistics for the year 1950.

				Stanley Urban District	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population				16,630	169570	422360	1591930	*
Births	{	Males ..	155	9589	3780	13369	*	
		Females ..	128	8960	3569	12529	*	
		Total ..	283	18549	7349	25898	*	
Deaths	{	Males ..	91	7374	2272	9646	*	
		Females ..	99	7181	1964	9145	*	
		Total ..	190	14555	4236	18791	*	
Deaths under one year	{	Males ..	9	363	166	530	*	
		Females ..	6	253	121	374	*	
		Total ..	15	616	288	904	*	
Still Births	{	Males ..	2	224	100	324	*	
		Females ..	2	236	69	305	*	
		Total ..	4	460	169	629	*	
Total Live and Still Births ..				287	19009	7518	26527	*
CRUDE RATES.								
Birth				17'0	15'9	17'4	16'3	15'8
Death				11'4	12'4	10'0	11'8	11'6
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D. ..				0'06	0'10	0'11	0'10	*
Tuberculosis—Respiratory ..				0'06	0'26	0'25	0'26	0'32
Tuberculosis—Other				0'06	0'04	0'04	0'04	0'04
Tuberculosis—All Forms ..				0'12	0'30	0'29	0'30	0'36
Cancer				1'68	1'94	1'51	1'83	1'99
Vascular lesions of Nervous system ..				1'56	1'70	1'29	1'59	*
Heart and Circulatory				4'03	4'66	3'62	4'39	*
Respiratory Diseases				1'32	1'26	0'94	1'18	*
Maternal Mortality				0'0	0'95	1'06	0'98	0'86
Infant Mortality				53	33	39	35	30
Stillbirths				14	24	22	24	*

* Figures not available.

All the Maternal Mortality Rates quoted in this Schedule are per 1,000 Live and Still Births.

SECTION B.

General Provisions of Health Services in the Area.

PUBLIC HEALTH OFFICERS.

*Medical Officer of Health (part time):—Dr. A. L. Taylor, M.D., D.P.H.

*Chief Sanitary Inspector:—R. Blakey. Bachelor of Laws (2nd class honours), Diploma in Public Administration (Leeds University), Cert. R.S.I., M.S.I.A., Certified Inspector of Meat and Other Foods.

(Promoted to Clerk of the Council 1.10.50).

*Additional Sanitary Inspector:—D. Walker, Cert. R.S.I. A.R.S.I., M.S.I.A., Certified Inspector of Meat and Other Foods.

(Promoted to Chief Sanitary Inspector 1.10.50).

Clerk:—Mr. R. Thorp.

Do. Mr. J. Bulmer.

*Half the salaries of these officers is paid by the County Council.

For the provision of the Part III Health Services in the area, the West Riding County Council, who are the Local Health Authority, are, of course, responsible. Under the scheme of Divisional administration of the Preventative Medical Service, Stanley, together with two adjoining Urban Districts, are constituted into a single Division with a population of approximately 54,000. The Medical Officer of Health of Stanley is also Divisional Medical Officer and School Medical Officer for the Local Health Authority, and is responsible for the day to day administration of all the County services throughout the district and Division. This arrangement which has been in operation for four years, proves very effective in practice. An additional advantage is that the Divisional Medical Officer in his capacity as Medical Officer of Health, has ready access to all branches of local activity and is himself well-known to, and in frequent contact with, the Chairman and Members of the District Council and with the Clerk and staff at the Council Offices. Immediate action is possible on all matters relating

to local health and welfare. There is a suggestion that in the near future public health functions may be further delegated to the District Council. However admirable this may be in theory, I am bound to record my view that unless it is accompanied by financial discretion and by the power of appointment and dismissal of staff, most of the advantages accruing from such a scheme will be lost.

The following Services are administered in the area.

Health Visiting.—This important service is still suffering from shortage of staff although it is hoped to recruit one or two new workers in the Stanley area. The scope of the Health Visitor's work has been expanded by recent legislation and she is winning increasing recognition as being one of the most important of the medico-social team. It is now possible, I think, to expect that all the Health Visitor's duties, old and new, will be undertaken by a staff numerically adequate and who, individually, have always displayed efficiency and zeal in carrying out their most responsible duties. The Health Visitor must essentially be a person of the highest character and integrity. Much of her work is educative and advisory, and it is only by winning the confidence and affection of the families she visits that she can carry out fully the functions and purposes for which she is appointed.

Tuberculosis Visiting.—Tuberculosis Visiting is, at the moment, not being completely covered. This is due to the fact that the former Health Visitor working in the Tuberculosis service unfortunately died and it has not been possible to replace her. The most that can be done with existing staff is the following up of contacts and the carrying out of Patch testing at the request of the Chest Physician who attends the Chest Clinic at Almshouse Lane, Wakefield. Only an expansion of the Health Visiting Staff can bring about any improvement, and I hope very much that this will be possible during next year.

School Nursing.—School Nursing in the Stanley area has been carried out by the two Health Visitors. The work has been carried out efficiently and well, but the greatly increased scope of the Health Visitor's duties under the 1946 National Health Service Act means that more of her time must be taken up by domiciliary visiting. This means that at least one more Health Visitor will be needed in the Stanley area to keep the standard of school nursing work up to the necessary pitch of efficiency.

Home Nursing.—The activities of the Home Nurses, three of whom (with a relief who operates throughout the Division), cover the work of the District, have constantly expanded throughout the year. This expansion is a reflection of the increasing shortage of Hospital accommodation for chronic sick, and of institutional accommodation for aged and infirm persons. The service has functioned smoothly throughout the year and the Nurses have given most valuable help and have been most co-operative with the central administration in pointing out the needs of their patients and suggesting ways in which many unfortunates, often living in great misery and difficulty, can be helped. It seems inevitable that under present circumstances, particularly with a population which is tending to age, and in which chronic illness must increasingly be expected, the Home Nursing Service must increase in importance and must be expected to undertake an increasing volume of work.

Midwifery Service.—Three domiciliary midwives practice in the area, and there is one relief midwife who works throughout the Health Division. One effect of the continued demand for institutional accommodation has been that the domiciliary midwifery service is now tending to be under employed. Approximately 50 per cent. of all births are taking place in Maternity Homes or Hospitals. In addition, there has been, since the passing of the National Health Service Act, an increasing tendency for the family doctor to accept responsibility for the domiciliary confinement of those of his patients who elect to have their babies at home. This factor again detracts to some extent from the responsibility and interest of the Midwife's work. I feel that many cases accommodated in institutions could quite conveniently and properly have had their babies at home. At the same time, it is fair to say that the financial and domestic burdens involved are greater in the case of home confinements. A recent recognition of this has become apparent and a more exacting scrutiny has been suggested in considering the factors relating to mothers seeking institutional admission.

Home Help Service.—As is, of course, essential, a County wide standard of establishment for Home Helps has been laid down. At present the authorisation in this Division is to employ Home Helps equivalent to 16 whole-time workers. It has been possible to recruit a sufficient number of suitable helpers who have done good work throughout the year. This service tends to be abused more than any other and very great vigilance has been

proved necessary from time to time in assuring that Helps are not being asked for on insufficient need. An improvement has been noticeable lately and I would like to acknowledge the ready co-operation of the general practitioners in the area who frequently give confidential information which enables the Divisional Medical Officer to ascertain the real needs of the patient. With a limited number of Helps, any frivolous call for their services must inevitably mean that someone in real need is deprived of help. This is a situation which must be avoided at all costs.

Vaccination and Immunisation.—Immunisation against Diphtheria has been carried out throughout the year at all the Welfare Clinics. The level of immunised children is maintained satisfactorily and is high. One mild case of Diphtheria occurred but there is some doubt whether the course of Immunisation on this particular child was completely carried out. This emphasises the necessity for ensuring that all children have the two immunising injections necessary to give immunity. "Refresher" doses of prophylactic are to be given to 282 children in the Stanley schools during 1951.

The position with regard to vaccination against Smallpox is less satisfactory. At present, not more than about 15 per cent. of the total child population are being vaccinated. Parents are frequently heard to make statements such as follows. "If vaccination is considered necessary, it will be made compulsory like it was before." There is a widespread feeling that the danger of Smallpox is now completely gone for ever, and that vaccinating a baby inflicts on it an unnecessary discomfort, and even, in their opinion, a risk. I should like to take this opportunity of emphasising that primary vaccination of a young child, with the materials and methods now in use, is a painless operation carrying not the slightest risk to the child and leaving no disfiguring scar. Should Smallpox be introduced into the Country, as happens from time to time, the enormous demand for vaccination proves that the majority of people think it is an effective protection. Vaccination carried out under "mass" conditions is inevitably less meticulously carried out than the more leisurely procedure adopted at routine sessions. I would urge that babies are vaccinated as soon as possible during the first year of life.

CLINIC PROVISION.

Child Welfare clinics are held weekly at Wrenthorpe, Stanley and Outwood. Whilst far from ideal, the premises used are reasonably satisfactory for the purpose and the clinics are well attended.

Ante-Natal Clinics are held weekly at Wrenthorpe, Stanley and Outwood. The fall in attendance experienced throughout the Country following the coming into force of the National Health Service Act, still gives cause for concern. A very large part of the value of ante-natal clinic work is the education and general instructions given to expectant mothers. One wonders if similar teaching is obtained under the new dispensation. If so, all may be well, but if not, a great deal of the value of the Ante-Natal Services, so carefully built up over many years, will have been lost.

CONSULTANT CLINICS.

Consultant Clinic provision is made at the Central Clinic at Rothwell. This modern and well equipped building is used by the three Authorities constituting the Division, and by good fortune it is situated in the actual geographical centre of the Division and is readily accessible by bus from all parts of the area.

A Consultant Paediatric Clinic is held once a month, and any case of doubt or difficulty encountered in the Welfare Clinics or during School Medical Inspection is referred to the Consultant. This Clinic is now attended by Dr. J. D. Pickup who has taken up a permanent appointment as Consultant Paediatrician in the Wakefield—Pontefract areas. His work is much appreciated, not only by the staff of the Public Health Department, but also by the general practitioners practising in the area. A pleasing feature of this expanding service is the readiness with which practitioners now refer cases of difficulty arising in their own practice.

Ophthalmic Clinics are held twice a month and are staffed by Dr. Wittels who is an Ophthalmologist on the staff of the Regional Hospital Board. Provision of glasses is now almost up-to-date and very little delay occurs. This is a valuable service and is much appreciated.

The Ear, Nose and Throat Clinic has not yet been re-started. Negotiations have been long and difficult. Very recent news, however, holds out hope that in the very near future some provision is likely to be made and I hope that in my next Annual Report I shall be able to tell you that the Service is once more working smoothly.

During the year, an Orthopaedic Clinic has been opened at the Central Clinic, Rothwell. An Orthopaedic Nurse attends weekly and undertakes the instruction of children needing remedial exercises of various types. Parents attend with their children and are taught the exercises the child should perform. Cases of difficulty are referred to a Consultant Orthopaedic Surgeon and I hope, during next year, to establish regular Consultant Clinics in conjunction with one or two adjoining districts.

A Speech Therapist attends one whole day weekly to give training in speech to all cases referred from Assistant County Medical Officers or School Head Teachers within the Division. The work is up-to-date and is giving valuable results in favourable types of case.

HOSPITAL PROVISION.

Very few cases of Infectious Disease now need admission to Hospital. At the discretion of the family doctor, however, cases are admitted to Snapethorpe Hospital or Seacroft Hospital, Leeds. The standards of treatment and care given in these modern and well-equipped Hospitals are very high indeed. It is gratifying to acknowledge the ready co-operation and free exchange of information which takes place between the Health Department and the Hospital Staffs.

General Hospitals.—Acute medical and surgical cases are admitted from Stanley Urban District to Hospitals in the Wakefield and Leeds areas. It is, unfortunately, not possible to report any improvement in the provision of beds for chronic sick. An additional difficulty is the vagueness of the dividing line between what are known as chronic sick and those designated as aged and infirm. This problem will have to be tackled as an increasing number of the population is now living to an age when chronic ill health must be expected. Meantime, many cases are being nursed at home, often under unsuitable conditions. The matter is very much in the minds of all concerned, and I know that every effort is being made to effect an improvement. I should like to take this opportunity of acknowledging the ready co-operation given by the Welfare Department. Every approach is met in a spirit of friendliness and good will, and many needy cases have been found institutional accommodation through the good offices of the Welfare Officer.

AMBULANCE SERVICE.

The difficulties originally associated with the new Ambulance Service have largely been dissipated. It is still, however, true to say that people are considerably more insistent on the need for ambulance provision than was formerly the case. It is difficult to believe that the real need has increased in proportion to the demand. The total mileage run by the Ambulance Service is now many times greater than was the case when the service was run by the Urban District. It is desirable that people should remember that this Service, although free to the individual, is a very expensive one to the Community. I would like to point out once again that whereas the ambulance service cost $\frac{1}{2}$ d. rate when it was run by the Urban District to the complete satisfaction of everyone, it now costs more than a 6d. rate, that is a twelve times greater cost. On the credit side, it can be said that the vehicles are modern and well kept, and that the service functions with efficiency, punctuality and courtesy. The Chief Ambulance Officer and his Divisional Officer are co-operative and helpful, and any matter of difficulty is quickly tackled and ironed out.

LABORATORY FACILITIES.

The Medical Research Laboratory at Wakefield still undertakes any necessary bacteriological investigations. A very close liaison exists between the Health Department and the Laboratory. Once again, I should like to acknowledge to the Director and Staff their unfailing assistance and kindness throughout the year.

FOOD AND DRUGS.

Under the Food and Drugs Act, milk samples are submitted to the County Analyst at Bradford, as are also samples of water and of foodstuffs.

SECTION C.

PREVALENCE AND CONTROL OF
INFECTIOUS DISEASE.

Once again, I am glad to report that the incidence of Infectious Disease has been conspicuously low throughout the year. Diphtheria now no longer exists as an epidemic disease though one mild positive case was admitted to Hospital. Immunisation was, as usual, carried out as a routine measure in all Clinics. The percentage of children immunised has tended to fall slightly, no doubt a reflection of the feeling of safety engendered in the minds of parents by the continued absence of clinical cases of the disease. I should like to take this opportunity of pointing out that the absence of clinical diphtheria by no means indicates that the germ is not present in the throats of a large number of the population from time to time, and to urge that immunisation of all children should be carried out as a routine procedure. Only by constant vigilance is it possible to ensure that Diphtheria does not again become a factor causing severe invalidism and even mortality amongst unprotected susceptible children.

Vaccination.—It is still an unfortunate fact that the percentage of children vaccinated is a very small proportion of the total. I estimate that during the year not more than about 15 per cent. of children under one year were vaccinated. Encouragement is given to all parents attending Welfare Clinics to bring their children to the regularly held vaccination clinics. I would again urge as much publicity as possible in ensuring protection for as many infants as are presented for treatment.

Scarlet Fever.—Scarlet Fever remains mild in type and low in incidence. Most cases are now nursed at home, but may be admitted to Hospital at the discretion of the family doctor. Disinfection of the house is now no longer carried out as a routine, but will, at any time, be undertaken at the request of the householder. It is now thought that thorough airing and “spring cleaning” of the house with soap and water are a very much more effective method of ensuring freedom from any residual germs.

Whooping Cough.—Considerable pressure has been brought to bear on the Ministry to try to persuade them to allow Whooping Cough vaccination to be made available to the general public. The view is still officially held that the vaccines on trial are not yet of sufficient reliability to justify mass immunisation. This view is by no means generally held amongst the rank and file of public health workers. They point out that a patient may ask

the family doctor for inoculation against Whooping Cough, and that this will then be carried out under the General Practitioner branch of the National Health Service. The anomaly is thus created that whilst those on whom falls the main burden of Preventative Medicine are prevented from using a weapon which they think has a very considerable potency, even at this stage, protection can be made available through a Curative branch of medicine. A move is now on foot for the Local Health Authority to buy at its own expense a supply of suitable material which can be given in the Clinics. I hope in my next Report to be able to tell of a successful outcome of the present negotiations.

Acute Anterior Poliomyelitis.—Three cases of Infantile Paralysis were notified during the year and removed to Hospital. One death from this disease took place. Again, it proved impossible to trace any connection between the different infections, and there was no known contact between any one case and another.

Measles.—339 cases of Measles were notified, the heaviest incidence occurring during the middle months of the year. There was no death.

Pneumonia.—The most unfortunate feature of this disease is that it caused the death of 5 infants under one year of age. Broncho-Pneumonia is always a very severe infection in early infancy. The resistance of young babies to this form of disease is low and remains one of the commonest causes of infantile mortality. A total of 18 cases of pneumonia were notified, causing an over-all total of 9 deaths. This represents a decrease as compared with 1949.

Food Poisoning.—No case of Food Poisoning was notified in the District during 1950.

Tuberculosis.—Whilst the position relating to this disease is still far from satisfactory, I am glad to be able to record a further decrease in the number of deaths from this disease compared with 1949; thus in 1950, one death occurred from Pulmonary Tuberculosis as compared with four in 1949. There was also a slight decrease in the total number of notifications compared with last year. Sanatorium admission is still difficult for a large number of cases, due to the continued shortage of nursing staff. I acknowledge with thanks the special consideration given by the House Letting Committee to Tuberculosis families recommended by the Chest Physician as needing improved accommodation. I must, once again, state that this only touches the fringe of the problem. Tuberculosis is an infectious disease,

and the main, indeed the only, mode of spread is by infectious material discharged from the mouths of sufferers from the disease. Even the provision of better housing accommodation by no means ensures that the patient will make no contact with the rest of the family. Indeed, it is asking too much of human nature to expect that sufferers from this long-continued illness will conduct themselves in relation to their families and friends as if they were outcasts from society or unclean.

B.C.G. Vaccination has been used in approved cases. The procedure used is still elaborate and still necessitates 12 weeks segregation from the parent and family. There is still some controversy as to the effectiveness of the protection thus afforded. The wide use of B.C.G. Vaccination in Scandinavian countries, and the continued enthusiasm displayed for it, leads one to hope that its widespread use in this country may ultimately prove a very considerable boon. In the treatment of Tuberculosis several powerful new drugs are in regular use and successful results have been reported in many cases. The former Tuberculosis Officers now working on the Staff of the Regional Hospital Board, and re-designated "Chest Physician" are co-operative and forthcoming in their contacts with the Preventive Medical Service. A very friendly spirit prevails and information is fully and freely communicated on both sides; only thus is it possible to derive the maximum benefit from the relatively limited facilities at present available.

Venereal Diseases.—So far as can be ascertained, the incidence of Venereal Diseases in this area is negligible. No case has come to light during the year as a result of routine blood examinations carried out at the Ante-Natal Clinics.

Enteric.—One case of Typhoid occurred. This disease is a rarity nowadays, and exhaustive enquiries were instituted in co-operation with the Medical Research Laboratory in Wakefield. No source of infection was found, nor did any other member of the patient's family or friends give positive results to blood and other tests.

Puerperal Pyrexia.—No notification of this condition was received.

Infestations.—No case of Scabies came to the notice of the Health Department during 1950.

Pediculosis was again slight in incidence and occurred mainly among the "Problem Family" type of children. These unfortunates were given special attention and where necessary cleansed by the School Nurse, using Lethane Oil. Experience has taught where infestation can be expected, and these families are given particularly careful follow up supervision.

Statement of Notifications of Infectious Diseases received during 1950,
and Cases removed to Hospital. Stanley Urban District.

Cases Notified.		Cases removed to Hospital.	
Scarlet Fever.	15	Scarlet Fever.	11
Diphtheria.	1	Diphtheria.	1
Measles (excluding Rubella).	339	Enteric Fever.	1
Acute Pneumonia.	18	Smallpox.	..
Meningococcal Infection.	..	Malaria	..
Acute Poliomyelitis.	3	Erysipelas.	4
Acute Encephalitis.	..	Food Poisoning, excluding Dysentery.	..
Dysentery.	..	Enteric or Typhoid Fever.	1
Ophthalmia Neonatorum.	..	Paratyphoid Fevers	..
Puerperal Pyrexia.	..	Smallpox.	..
Smallpox.	..		
Paratyphoid Fevers	..		
Enteric or Typhoid Fever.	1		
Food Poisoning, excluding Dysentery.	..		
Erysipelas.	4		
Malaria	..		
Smallpox.	..		
Scarlet Fever.	11		
Diphtheria.	1		
Enteric Fever.	1		
Acute Poliomyelitis	3		
Acute Polioencephalitis	..		
Cerebro-Spinal Fever	..		

Cases of Notified Infectious Diseases in Age Groups (excluding Tuberculosis)

Disease.		Under 1 yr.	1-3 yrs.	3-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	Over 65 years.	Total.
Smallpox ..	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	M	..	..	4	4	..	..	..	..	..	9
	F	..	..	1	3	..	..	..	..	..	6
Diphtheria ..	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	1	..	..	..	..	..	1
Enteric (including Paratyphoid)	M	..	..	..	..	..	..	..	..	..	1
	F	..	..	..	..	1	..	..	..	..	1
Pneumonia ..	M	1	..	1	1	..	3	..	4	1	11
	F	..	1	..	..	..	..	2	..	3	7
Puerperal Pyrexia ..	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
Acute Anterior Poliomyelitis	M	1	..	..	1	..	..	..	..	..	2
	F	..	..	..	..	..	..	..	..	..	1
Acute Anterior Encephalitis	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
Meningococcal infection	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	M	..	..	..	..	..	..	..	2	..	2
	F	..	..	..	..	..	..	1	..	..	2
Whooping Cough	M	2	6	7	6	..	..	..	..	..	21
	F	5	10	16	11	..	..	1	..	..	43
Measles ..	M	6	45	49	80	..	..	1	..	..	181
	F	5	31	55	64	1	..	2	..	..	158
Totals ..	M	10	51	61	92	..	1	4	6	1	226
	F	10	42	72	79	3	3	4	3	3	219

TUBERCULOSIS.

Record of Cases during 1950.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	27	21	9	3
No. of cases notified for first time during year	5	6	3	3
No. of cases added to Register otherwise than by notification	2	—	—	—
No. removed to other districts	1	1	1	1
No. Cured	—	—	—	—
No. died from Disease	1	—	1	—
No. died from other causes	1	—	—	—
No. Removed from Register :—				
Revised diagnosis	—	—	—	1
No. of cases on Register at end of year ...	31	26	10	4

Tuberculosis. New Cases and Mortality during 1950.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	—	—	—	—	—	—
5—10 „ ...	—	—	—	1	—	—	—	—
10—15 „ ...	—	1	—	—	—	—	—	—
15—20 „ ...	1	2	1	—	—	—	—	—
20—25 „ ...	1	—	—	—	—	—	—	—
25—35 „ ...	1	3	1	—	—	—	1	—
35—45 „ ...	—	—	—	1	—	—	—	—
45—55 „ ...	1	—	1	—	1	—	—	—
55—65 „ ...	1	—	—	—	1	—	—	—
over 65 years ...	—	—	—	—	—	—	—	—
Age unknown ...	—	—	—	1	—	—	—	—
Totals ...	5	6	3	3	2	—	1	—

Tuberculosis (New Cases) since 1931.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1931 ...	28	5	16	3
1932 ...	17	14	9	4
1933 ...	17	1	8	1
1934 ...	10	3	6	—
1935 ...	11	7	8	1
1936 ...	6	6	6	3
1937 ...	13	7	5	2
1938 ...	9	2	8	—
1939 ...	17	7	5	2
1940 ...	10	6	7	1
1941 ...	10	5	7	2
1942 ...	18	4	10	12
1943 ...	21	3	9	—
1944 ...	7	3	5	1
1945 ...	10	7	2	2
1946 ...	9	8	5	1
1947 ...	12	2	4	1
1948 ...	8	3	4	1
1949 ...	17	4	4	—
1950 ...	11	6	2	1

SECTION D.

Water.—No change has occurred during the year in the arrangements for the water supply of the District. One sample was taken and the result is appended. There are no stand pipes nor wells in the District.

Parts per million.

Total Solids	...	13.0
Chlorides	...	1.8
Nitrites	...	—
Nitrates	...	Trace
Free Ammonia	...	.002
Albuminoid	...	.002
Metals	...	—
Total Hardness	...	4.4
pH. Value	...	7.0

The chemical data are satisfactory.

Sewage Works.—No major modification of the Sewage Works has been possible, but Ministry Consent has now been received to proceed with suggested major extensions of the Works. Once again it is necessary to mention the fact that a radical scheme must be undertaken and that the present works cannot be considered to come into line with modern needs and practice.

Drains and Sewers.—There has been no complaint during the year respecting the sewers and no large development other than the normal extensions necessitated by the construction of new houses.

Closet Accommodation.—17 privies were converted to W.C.'s during the year. Once again, a table is given showing the number and type of closets and comparison with 1926.

<i>Year</i>	<i>No. of Privies</i>	<i>No. of W.C.'s</i>	<i>No. of Waste W.C.'s</i>
1926	1,092	1,387	12
1950	107	4,681	12

Public Cleansing.—The cleansing of the District is done by direct labour and the Service has been adequately maintained. The mechanical gully emptier is employed for the emptying of cesspools and this is done without nuisance. There are 15 cesspools in the district and these are emptied monthly.

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	...	...	...	12
Further Enquiries	...	...	...	3
Disinfections	...	...	...	21
Schools Disinfected	...	...	...	—
Miscellaneous Visits	...	...	...	—
Scabies Visits	...	...	...	—
				—36

Milk and Dairies.

Inspections of Cowsheds and Dairies	...	...	...	—
Milk Samples taken	...	...	...	34
				—34

Food and Drugs Inspections.

Meat Inspections	...	...	...	401
Bakehouses	...	...	...	34
Food Inspections...	...	...	...	98
Ice Cream Sampling	...	...	...	—
Water Sampling...	...	...	...	1
				—534

Housing.

Houses inspected and recorded	...	264
General Surveys ...	...	138
Public Health Act Inspections	...	219
Re-visits	...	136
		—757

Offensive Trades.

Inspections of Knackers' Yards	...	6
Inspections of Blood Boiling premises		—
Inspections of Fat Refining Premises		—
		—6

Sanitary Matters.

Inspections for Nuisances	...	509
Inspection of Verminous Premises	...	31
Inspections for Rat infestations	...	242
Inspections of new Drains	...	17
Smoke observations	...	48
		—847

Inspections re Refuse Removal and Disposal	...	238
Factories and Workshops	...	58
Tents, Vans and Sheds	...	222
Number of Statutory Notices (Housing Act and Public Health Acts)	...	13
Number of Statutory Notices (Sect. 17 of the Housing Act, 1936)	...	—
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)		9
Council House Complaints	...	480
Inspection of repairs	...	380
Miscellaneous	...	218

Shops Act.—No complaint or action has been necessary in respect of any of the shops in the area.

Camping Sites.—There are no official camping sites in the area.

Smoke Abatement.—As always in this District, the biggest single source of smoke nuisance has been due to the emanations from the Lofthouse Colliery stack. Under present conditions no early improvement can be looked for but the promised electrification of the Colliery holds out the hope of ultimate improvement.

Colliery Spoil Heaps.—Continued friendly co-operation from the National Coal Board officials has been forthcoming, and every effort is made to keep the spoil banks freely watered and under control.

Eradication of Bed Bugs.—15 houses were reported upon as verminous and were sprayed with D.D.T. liquid. The results were uniformly satisfactory. In addition, 13 cases of beetle infestation and 3 of snails were dealt with using Vermicine spray and Gammexane dust.

Offensive Trades.—No offensive trade is carried on in the District other than one Knacker's Yard and a small gut scraping room at the Farm Stores which have, of course, resumed slaughtering on a fairly large scale.

44 visits have been paid to the 26 fish shops in the area. In all cases, high standards of cleanliness have been maintained. Almost all of these shops, unless connected with a house, have been provided with a constant supply of hot water.

Inspection for purposes of provisions as to health.

(including inspections made by Sanitary Inspector)

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	22	18	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	31	40	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
TOTAL	53	58	—	—

Cases in which DEFECTS were found. (If defects are discovered on two, three or more separate occasions they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	---	---	---	---	---	
Overcrowding	---	---	---	---	---	
Unreasonable temperature	---	---	---	---	---	
Inadequate ventilation	---	---	---	---	---	
Ineffective drainage of floors		..	---	---	---	---	---	
Sanitary Conveniences :—								
Insufficient	---	---	---	---	---	
Not separate for sexes	---	---	---	---	---	
Unsuitable or defective	---	---	---	---	---	
Other offences against the Act (not including offences relating to Outwork)	..		---	---	---	---	---	
Total	---	---	---	---	---	

Outwork.

Nature of Work	No. of out workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	3	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	3	—	—	—	—	—

SECTION E.

HOUSING STATISTICS.

1. Inspection of Dwelling Houses during the year.

1a.	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	449
b.	Number of Inspections made for the purpose ...	723
2a.	Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1942	230
b.	Number of Inspections made for the purpose ...	368
3.	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	230
4.	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	—

2. Remedy of Defects during the year without the service of Formal Notice.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .. .	362
--	-----

3. Action under Statutory Powers during the year.

a.—Proceedings under section 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repair	4
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	4
(b) By Local Authority in default of owners	—

b.—Proceedings under the Public Health Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	9
---	---

(2) Number of dwelling-houses in which defects were remedied after the service of formal notices :—

(a) By owners	...	...	...	...	9
(b) By Local Authority in default of owners	...	...	...	...	—

c.—Proceedings under Section 11 and 13 of the Housing Act, 1936 :—

1. Number of representations etc. made in respect of dwelling-houses unfit for human habitation	..	...	...	...	2
2. Number of dwelling-houses in respect of which Demolition Orders were made	...				2
3. Number of dwelling-houses demolished in pursuance of Demolition Orders	..	...			—
4. Number of dwelling-houses in respect of which undertakings were accepted from owners :					
a. To render houses fit for human habitation	...	...	...	...	—
b. As to usage other than for human habitation	...	...	...	...	—

d.—Proceedings under Sections 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	..	...	...	—
(2) Number of separate tenements or underground rooms closed in pursuance of Closing Orders	...	...	...	...	—
(3) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	...	...			—

4. Number of New Houses erected during 1950 :

a. By Local Authority	...	...	...	...	44
b. By Private Enterprise	...	...	...	...	11

5. Overcrowding.

a. Number of dwelling-houses overcrowded at the end of the year	...	...	...	...	65
b. Number of families dwelling therein	...	...			151

c.	Number of persons dwelling therein	...	...	383
d.	Number of new cases of overcrowding reported during the year	...	...	3
e.	(i) Number of cases of overcrowding relieved during the year	...	...	17
	(ii) Number of persons concerned in such cases	...	...	113
f.	Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...	...	—
g.	Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	...	...	—

Accurate overcrowding figures are not available and even were they to hand, present position of new accommodation would make any plan of action impracticable. Under the unfortunate circumstances prevailing, one has no option but to turn a blind eye on many distressing aspects of the overcrowding problem.

230 houses were inspected and recorded with a view to action under the Housing Act as soon as it is possible to re-house the occupants.

All other defects were dealt with under the Public Health Act, 1936, thus conforming to the procedure adopted in previous years.

2 houses were represented to the Council as being entirely unfit for human habitation, and incapable of being rendered fit at reasonable cost.

Since commencing housing operations on a large scale in 1935, the following clearance areas and individual unfit houses have been dealt with :—

Clearance Areas :—

Number of Clearance Areas declared	...	48
Number of houses therein	...	279
Number of persons involved	...	994
Number of Clearance Orders confirmed	...	48

Individual unfit houses :—

Number of houses represented	...	...	133
Number of Demolition Orders	...	...	92
Number of Closing Orders ...	...	...	14
Number of undertakings to repair	...	...	22

During 1950 the Council completed 44 permanent houses. There were 11 privately built houses completed. Since the war, 40 temporary prefabricated bungalows have been built and occupied. 41 houses have been built by private enterprise since the war. The total number of Council houses built since the war to the end of 1950 is 337, composed of 259 permanent brick houses, 38 permanent prefabricated bungalows, and 40 temporary prefabricated bungalows.

SECTION F.

Inspection and Supervision of Food.

Milk Supply.—34 official samples of milk were taken from the retailers of the district and submitted to the Public Analyst. Of these, 32 were genuine, 2 were deficient in non-fatty solids. The Analyst was of the opinion, after applying the freezing test that the latter samples were not adulterated.

Ice Cream.—Almost all the Ice Cream sold from registered premises in the district is pre-packed and thus free from the risk of contamination due to any handling during the course of sale. No case of illness due to the consumption of suspected ice cream arose during the year, and careful watch was kept on all premises registered for the purpose of sale of ice cream.

Meat and Food Inspection.—The Farm Stores have continued large scale slaughtering of pigs. The Sanitary Inspector's Department sends a Meat Inspector on three afternoons weekly. The rate of slaughtering is still somewhere in the region of 250 animals weekly. Tables showing meat and food inspected and condemned are given in the Sanitary Inspector's Report.

Shell Fish.—There are no shell-fish layings in this district.

Stanley Urban District Council.

ANNUAL REPORT

OF THE

Sanitary Inspector and Cleansing Superintendent

(D. WALKER, A.R.S.I., M.S.I.A.)

For the Year 1950.

To the Chairman and Members of the Stanley Urban District Council,

GENTLEMEN,

I beg to submit my first Annual Report upon the work done by your Health Department during the year.

The untimely passing of the Clerk to the Council, Mr. S. Grove, resulted in the Chief Sanitary Inspector, Mr. R. Blakey, being promoted to Clerk to the Council in October of 1950. Mr. R. Thorp, a Clerk in the department was promoted to Assistant Sanitary Inspector and I was promoted to Chief Sanitary Inspector and trust that I shall be able to justify the confidence which the Council have shown in me.

Many records of inspections made will be found in the earlier part of the report. General repairs to old properties in the district still continues to be a major problem in view of

the very high cost of labour and materials and the low rents to this type of property, but in view of the general shortage of housing accommodation it seems very unlikely that large scale house condemnations will be possible for some years. Aggravation of the repair problem has been brought about by mining subsidence which has again shown itself in various parts of the district particularly at Bottomboat and Lofthouse Gate.

New houses built by the Council during the year numbered 44, but the number of applicants for houses remaining on the Council's lists have increased during the year and stands at 833.

Meat Inspection again took up a fair amount of time of the department but it can be said that all animals slaughtered legally for sale for human consumption are inspected.

Abatement of Nuisances.

Number of Privies converted into W.C.'s	...	17
Do. W.C.'s provided	...	17
Do. Choked drains and W.C.'s cleared	...	222
Do. Choked sewers cleared	...	1
Do. Sink wastes repaired	...	8
Do. Defective drains relaid	...	9
Do. New drains laid...	...	—
Do. Gully traps fixed	...	1
Do. Water closets repaired	..	23
Do. Inspection chambers repaired	...	1
Do. Eaves gutters/down spouts repaired		30
Do. House roofs and damp walls repaired		83
Do. Flooded cellars	...	1
Do. Damp houses remedied	...	42
Do. Damp proof courses fixed	...	—
Do. House floors repaired	...	10
Do. Walls replastered	...	42
Do. New sinks fixed	...	6
Do. Windows re-corded and repaired	...	33
Do. Fireplaces repaired	...	—
Do. Washing coppers repaired	...	3
Do. Defective dustbins removed	...	133
Do. Privy middens abolished	...	17
Do. Ashpits abolished	...	17
Do. Dustbins provided in lieu of ashpits		17
Do. Verminous premises	...	31
Do. Dirty premises	...	—

Number of Beetle infested premises ...	...	13
Do. Rat infested premises ...	...	242
Do. Burst services ...	...	17
Do. Ashpits repaired ...	...	—
Do. W.C. Soil pipes repaired ...	...	20
Do. Ceilings repaired ...	...	—
Do. Doors repaired/renewed ...	...	12
Do. Bath wastes repaired ...	...	—
Do. Miscellaneous cleansing ...	...	—
Do. Cooking ranges repaired ...	...	18
Do. Defective chimneys ...	...	9
Do. Insanitary yards ...	...	4
Do. Accumulations of refuse ...	...	—
Do. Dangerous buildings ...	...	—
Do. Insufficient W.C. accommodation ...	...	1

Meat Inspection.

Farm Stores bacon factory is the only slaughterhouse in the district at which animals are killed for sale. Slaughtering takes place on two days per week and entails attendance there for the major part of these days by an Inspector. Pigs for home consumption are killed at various slaughterhouses in the district and when requested to do so inspection of these carcasses is made by the department and the owner is advised of its fitness or otherwise for human consumption.

The table below gives details of inspections made and meat condemned as unfit for food.

Condemnation of Meat.

Total pigs—12946.

20 carcasses and organs...	3868 lbs...	Gen. Tuberculosis
1 carcase and organs ...	163 lbs...	Septicaemia
1 carcase and organs ...	199 lbs...	Suffocation
1 carcase and organs ...	175 lbs...	Swine Fever
1 carcase and organs ...	168 lbs...	Moribund
Pigs heads ...	512	...Tuberculosis
Pigs heads ...	3	...Abscesses
Pigs livers ...	27	...Tuberculosis
Pigs livers ...	72	...Necrosis
Pigs livers ...	125	...Cirrhosis
Pigs livers ...	47	...Cirrhosis & Necrosis
Pigs livers ...	12	...Cysts

Pigs livers	... 10	... Abscesses
Pigs livers	... 6	... Hepatitis
Pigs lungs (sets of)	... 19	... Tuberculosis
Pigs lungs (sets of)	... 469	... Pneumonia
Pigs lungs (sets of)	... 99	... Pneumonia & Pleurisy
Pigs plucks	... 321	... Tuberculosis
Pigs plucks	... 48	... Inflammation
Pigs plucks	... 34	... Cirrhosis & Pneumonia
Pigs plucks	... 5	... Necrosis
Pigs plucks	... 17	... Pneumonia, Pleurisy & Peritonitis
Pigs plucks	... 17	... Cirrhosis
Pigs mesenteric fats	.. 288	... Tuberculosis
Pigs hearts	... 141	... Pericarditis
Pigs hearts	... 10	... Tuberculosis
Pigs hearts	... 3	... Valvular Endocarditis
Pigs kidneys	... 151	... Cysts
Pigs kidneys	... 88	... Nephritis
Pigs kidneys	... 31	... Tuberculosis
Pigs spleens	... 9	... Tuberculosis
Pigs stomach & spleen	... 1	... Peritonitis
Pigs kidneys	... 1	... Abscesses
Pork (forequarter)	... 1	... Abscesses
Pork	... 6 lbs.	... Melanosis
Pork	... 248 lbs.	... Tuberculosis
Pigs flair fat	... 4	... Peritonitis
Pigs carcase	... 72 lbs.	... Septicaemia
Pigs flair fats	... 16	... Tuberculosis
Pork	... 14 lbs.	... Bruised
Pork	... 10 lbs.	... Pleurisy
Pork	... 40 lbs.	... Abscesses
Pork	... 3 lbs.	... Melanosis
Beast head & tongue	... 1	... Tuberculosis
Beef (English)	... 25 lbs.	... Internal Decomposition
Beef (English)	... 9½ lbs.	... Blood soaked
Pork (4 forequarters)	... 114 lbs.	... Tuberculosis
Pork (belly pork)	... 2 lbs.	... Tuberculosis
Pork (carcases)	... 10	... Urticaria (skinned)

Carcases Inspected and Condemned.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ..	—	—	—	—	12946
Number Inspected ..	—	—	—	—	12946
<i>All Diseases except Tuberculosis :—</i>					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	1353
Percentage of the number inspected affected with disease other than tuber- culosis ..	—	—	—	—	10·7
<i>Tuberculosis Only :—</i>					
Whole carcases condemned	—	—	—	—	20
Carcases of which some part or organ was condemned	—	—	—	—	923
Percentage of the number inspected affected with tuberculosis ..	—	—	—	—	7·1

Milk and other Foods.

34 official samples of milk were taken from retailers in the district and submitted to the Public Analyst for his analysis. Of these samples none was found to be deficient in fat. 2 of the samples contained less solids not fat than the law prescribes but application of the freezing test indicated that water had not been added.

Cowsheds.

Inspections of the farms have become the duty of the Ministry of Agriculture and Fisheries but whether this will be any improvement upon the arrangement whereby the Local Authority was responsible is doubtful particularly in areas such as Stanley where regular inspections were made.

Bakehouses.

Inspections of the bakehouses of the district were carried out and nothing serious was found to complain of. Minor defects were all remedied at several of the bakehouses.

Offensive Trades.

No offensive trade is carried on in the district. A Knacker's yard has, after almost complete reconstruction become most satisfactory both structurally and from situation point of view.

Fish and Chip Shops.

Although no longer an offensive trade these shops are visited regularly. During the year 44 visits have been made and it can be said that generally speaking there is a good class of shop in this area.

Factories and Workshops.

58 visits were made to factories and workshops of the district and generally speaking the premises were found to be satisfactory. No notice was received from H.M. Inspector of Factories in respect to any default.

Smoke Abatement.

Colliery chimneys in the district and neighbouring districts continue to give rise to concern due to the emission of black smoke for long periods. It is hoped that promises that the plants are to be electrified will materialise in the very near future.

Housing.

A considerable amount of time has again been paid to general housing inspections and all complaints from tenants have received immediate attention. A great deal of general repair work has been done on notices and letters from the department but deterioration of the main of the houses in the district continues due to lack of such things as painting and immediate attention to minor defects. A large number of houses can only be satisfactorily dealt with by condemnation but this at the present time is impossible and all that can be attempted is to keep them wind and rain proof.

The solution to the problem appears to be a long way off and the only consolation which can be obtained, if consolation it is, is that the problem is not confined to this district but is national.

Summary of Improvements to Dwelling Houses during 1950.

(a)	Improvements for external dilapidations or to prevent dampness, such as repairs or renewing of gutters, rainwater pipes, walls, provision of open areas, etc.	451
(b)	Improvements for internal dilapidations or defects, including repairs and renewals to floors, walls, ceilings, windows and provision of food pantries ...	230
(c)	Improved means of ventilation to living rooms and pantries, such as the insertion of air grates ...	—
(d)	Improvements to closets and ashpits, including the conversion of privies into water closets, substitution of ashbins for ashpits, additional means of closet accommodation.	164
(e)	Improvements to drainages, including drains re-laid, chambers inserted, ventilation provided, etc.	28

Overcrowding.

Figures of families overcrowded are not actually available but houses known to be housing more than the legally permitted number of persons at the end of the year numbered 36.

I feel that with the large number of families sharing accommodation the moral overcrowding being caused in many cases will multiply this figure many times.

It will be seen from the previous table that 17 cases of overcrowding were relieved during the year by the allocation of Council houses.

Privy Conversions.

Gradual replacement of the privies in the area has continued during the year and 17 privies have been converted to W.C.'s during the past twelve months.

In addition to conveniences in use as shown in the table there are 14 pail closets.

No. and Type of Closet							Cess-pools emptied by Sanitary Staff
Privies to convert in all parts of the District	Water Carriage System		No. and Type of Ashpits				
	Fresh Water	Waste Water or Hand Flushed	Total No. of Ashpits of all kinds	Privy Ashpits	Dry Ashpits	Bins	
107	4,681	12	4,828	65	12	4,751	15

Cesspools.

The 15 cesspools in the district are cleansed monthly by the Council's own 750 gallon mechanical gully and cesspool emptier. The work is done satisfactorily, hygienically, and regularly and the Council's machine is regularly loaned to Horbury and Ossett to cleanse the cesspools in those areas.

Disinfection.

The Disinfection of infested premises is done by means of formalin lamps and spray.

Number of Disinfections 21

Verminous Premises.

Liquid insecticide has again been the only material used at premises found infested with bugs, fleas, etc., and has given very good results. Gammexene dust has been used with success against cockroaches but the big problem still remains the infestation of one of the refuse tips by crickets.

Rodent control has been carried out systematically during the year, the Council employing one part-time operative. There are no places in the district which show a major infestation. The sewage works and refuse tips are treated regularly and the sewers test baited at frequent intervals. During the year 121 infestations of rats and mice were dealt with by the department.

Cleansing and Salvage.

This service is carried out by direct labour. Bins are emptied at intervals of seven days and privies at intervals of 28 days under normal circumstances. Three lorries are engaged fully on refuse collection and the fourth is used for salvage work and part-time refuse collection.

Salvage has again become an essential and important part of the department from the economical point of view but from the Public Health point is not wholly satisfactory. Paper and rags continue to be profitable materials to salvage but as in previous years kitchen waste collection has shown a loss of income over expenditure. Although the labour difficulty still remains and the winter has been a fairly bad one complaints concerning refuse collection have been very few and I think that the service is quite satisfactory. The following amounts were realised from salvage :—

Paper	...	...	£322	17	9
Kitchen Waste	...	...	£65	9	8
Miscellaneous	...	...	£103	6	6

Work has continued on the making of the extension to the existing playing field on the Limepit Lane Housing Estate by means of controlled tipping. In other cases refuse collected is disposed of by tipping on agricultural land.

Miscellaneous Table.

Letters sent out—General	...	...	2096
Informal notices—Housing	...	...	850
Legal notices—Abatement of Nuisances	...	...	13

I remain, Gentlemen,

Your obedient servant,

D. WALKER.

